

PSYCHOSES DUE TO GASTRO-INTESTINAL AUTOINTOXICATION. Wiener klinische Wochenschrift, Nov. 10, 1896. By Prof. Wagner v. Jauregg.

The connection of infectious diseases with polyneuritis is very similar to that of infectious diseases with certain psychoses. It is very probable that polyneuritis may be due to autointoxication from gastrointestinal disturbance. It is not unlikely that those psychoses which resemble the febrile or post-febrile neuritis in their commencement and course are due to bacterial toxin. Psychoses which are similar clinically to these febrile and post-febrile psychoses may have a similar etiology.

Almost all the febrile and post-febrile psychoses belong to the group of acute mental disturbance called by Meynert amentia. Frequently patients with amentia have had gastrointestinal symptoms at the beginning of the mental trouble, and in some cases these have persisted during the psychosis. When recovery takes place these gastrointestinal disturbances disappear.

Acetone has some connection with derangement of the nervous system (eclampsia), but it is probable that acetone is only an indication of the formation of much more poisonous substances. Disturbance of digestion seems to be necessary for the formation of acetone and more poisonous toxins. Wagner believes a relation exists between a high degree of acetonuria and mental disease. In some of his cases, in addition to acetone and diacetic acid, the urine contained a considerable amount of indican. Usually albumin and albumose was found. The acetonuria was not due to fever or hunger in Wagner's patients, although under these conditions the acetonuria is probably of gastrointestinal origin.

Wagner states that the gastrointestinal symptoms should be treated in those psychoses which are due to autointoxication before the changes in the nervous system have become organic. Calomel has given him excellent results. He has also employed iodoform.

He reports a case of acute gastrointestinal disturbance and one of a chronic type with mental symptoms treated with calomel. The indican, acetone and diacetic acid disappeared from the urine, and the patient with the acute psychosis was able to leave the clinic after three days. Recovery in the chronic case was slower but also complete.

[Dercum in his "Address in Mental Disorders" (The Medical News, July, 1895), read before the Medical Society of the State of Pennsylvania, called attention to the various toxic insanities due to disordered visceral action, and recommended the employment of hydrotherapy, not only by means of baths and douches, but also by the injection of large quantities of diuretic waters.]

SPILLER.

THE TREATMENT OF TABES. By Professor Erb. Volkmann's Sammlung klinischer Vorträge, No. 150, 1896.

In treating tabes, the etiology must be duly considered, and syphilis in the first place. As contributing factors, catching cold, forced marches, physical efforts, excesses in "baccho et venere," smoking, mental exertions and emotions are enumerated. The fundamental rule of successful treatment is to subject the patient to a prolonged anti-syphilitic cure during the first stages, for, statistics prove that the chances of developing tabes is twenty times greater in those who have not undergone specific treatment. Warm and vapor baths should be avoided. Influenza seems also to predispose to the development of locomotor ataxia in syphilitic subjects. In the controversy as to whether patients, who give a history of previous syphilis, should be

treated specifically, the author considers it as indicated, six-sevenths of the cases showing decided improvement. The anti-syphilitic treatment is specially called for if there are concurrent specific lesions, or if the patient has never undergone an adequate cure. This treatment should not be prescribed in inveterate cases, in dyspeptic or cachetic subjects, in those who have been subjected to it repeatedly without any amelioration, and in patients showing intolerance for iodine or mercury. The old inunction-method with mercuric ointment is recommended, four to six grammes daily, and thirty to sixty rubbings; then the treatment is suspended for several months. The action of KI is less favorable. Tonics and a hygienic régime are also valuable, and if hydrotherapy is resorted to, the temperature of the water must never be higher than 30 deg. C. Every effort must be made to improve the patient's nutrition, and all injurious substances and habits, such as alcohol, tobacco, sexual excesses, exposure, etc., should be avoided. Among drugs, argent. nitr. in doses of 0.03 to 0.5 with or without extract. nuc. vom., is the most useful; strychnine, by the mouth or hypodermically (0.002 to 0.008) has been used with benefit in appropriate cases. The following may also be of service: ergot, the bromides, and arsenic. There is as yet no positive proof of benefit being derived from organo-therapy (spermine, the glycerophosphates). Electro-therapy is a valuable aid in treatment: the galvanic current along and across the spinal cord, galvanizations of the cervical sympathetic, positive pole applied over the cord in case of pain, and the negative pole along the crural and sciatic nerves. The surface of the dorsal electrodes must be 50 to 70 square cms., the current of medium intensity, and the séances not too long. The electric (faradic) brush over the body and extremities is sometimes used. The effects of static electricity are uncertain. Counter irritations, thirty to fifty fine cautery points around the vertebral column, and blistering are at times beneficial. Among orthopaedic measures, massage and gymnastics may be given a trial. Nerve stretching is at present advocated by but few authorities, while suspension gives good results. Electricity, nervalgia, and local anaesthetics are employed for lancinating pains, and painful visceral crises, but morphine should, if possible, be omitted. Fraenkel has developed a method of muscular exercises which proves quite satisfactory. For vesical troubles, electricity; for tabetic arthropathy rest and compressive dressings of iodine are ordered. Psychological treatment should also be borne in mind.

MACALASTER.

THYMUS GLAND IN THE TREATMENT OF EXOPHTHALMIC GOITRE.

Todd (Brit. Med. Jour., July 25, 1896) reports one of the few recorded cases in which the results of the above treatment were excellent. The patient was a delicate girl of twenty-two, and the disease was well developed and typical in every way. She had been treated at different times with iron, belladonna, arsenic, digitalis, strophanthus and other drugs besides various local applications, without more than slight temporary benefit.

"On September 29, 1895, her pulse was 156 and very irregular both in force and frequency. The apex beat was visible in the sixth space, $1\frac{1}{2}$ inch inside the nipple line. The heart sounds were irregular and tumultuous, but no definite murmur could be made out. The pulsation of the cardiac area was very violent. The thyroid was symmetrically enlarged, with evident pulsation and a loud bruit audible over it. Exophthalmus was marked but not excessive. Von Graefe's sign was not well marked. She was much distressed by the palpitation and suffered greatly from insomnia." Thirty grains of dried thymus